

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/403431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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49		/				
50	/					
TOTAL IND.	71		28		99	
TOTAL DEP.	28		28		28	
TOTAL CLAIMS	99		56		99	

	* INC.		* DEP.		* IND.		* DEP.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.
51	/							
52	/							
53	/							
54	/							
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97	/							
98	/							
99		/	/					
100								
TOTAL IND.	71		28		99		99	
TOTAL DEP.	28		28		28		28	
TOTAL CLAIMS	99		56		99		99	